



Commissioner for
Washington, DC
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Bib Data Sheet

CONFIRMATION NO. 6

SERIAL NUMBER 09/524,027	FILING DATE 03/13/2000 RULE	CLASS 602	GROUP ART UNT 3761	ATTORNEY DOCKET NO. 14072-006001
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APPLICANTS

Robert Edward Burrell, Alberta, CANADA;
Hua Qing Yin, Alberta, CANADA;

**** CONTINUING DATA *******

None

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/12/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

FISH AND RICHARDSON P.C.
225 FRANKLIN STREET
BOSTON ,MA 02110-2804

TITLE

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All fees
		<input type="checkbox"/> 1.1 Fees (Filing)
		<input type="checkbox"/> 1.7 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.3 Fees (Issue)
		<input type="checkbox"/> Over
		<input type="checkbox"/> Credit

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**UNITED STATES DEPARTMENT OF
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADE,
Washington, D.C. 20231

SERIAL NUMBER 09/524,027	FILING DATE 03/13/2000 RULE -	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 30-00
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APPLICANTS
 Robert Edward Burrell, Alberta, CANADA;
Hua Qing Yin, Alberta, CANADA;
**** CONTINUING DATA *******

None

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 05/12/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
 Greenlee Winner and Sullivan P.C.
5370 Manhattan Circle
Suite 201
Boulder, CO 80303
TITLE

Transcutaneous medical device dressings and method of use

FILING FEE RECEIVED 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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